

ARKANSAS STATE VETERANS CEMETERY INTERMENT APPLICATION

Date:

Time:

Please print the name on the line below the way the family desires the headstone to read. Depending on the length of the name, only the middle initial may be allowed on headstone.

DECEDENT'S INFORMATION

First Name	Middle	Last Name		Suffix
Social Security Number	Date of Death	Date of Birth	Place of Birth	Male/Female

If decedent is not the veteran, please describe relationship to veteran: Self

Marital Status: () Married () Divorced () Never Married () Separated () Widowed () Unknown

INTERMENT INFORMATION

Date of Interment:		Time:		Full Casket:		Section:	
				Single:		Grave No:	
Religious Emblem:		Check #:		Double:		Cremation:	
Outside Container		Check Date:		Oversize		Honors:	
\$300 Dependent Fee:		Posted:		Check From:		Branch of Service	
Letter Mailed:		Final Int Rpt		Collected:			
Headstone Ordered:		Headstone Received:		Headstone Set:			

NEXT OF KIN INFORMATION

First Name	Middle	Last Name		Suffix
Address	City	State	County	Zip Code
Phone Number	Date of Birth	SSN	Relationship to Decedent	

VETERAN'S SERVICE INFORMATION

(Please submit discharge if this is first interment)

First Name	Middle	Last Name		Suffix
Social Security Number	Service Number	VA Claim Number	Character of Discharge	
Branch of Service	Highest Rank	Date of Entry	Date of Release	

Military Status: () Active Duty () Retired () National Guard/Reserve () Veteran () Other; Specify

Service Period: () WWII () Korea () VietNam () Persian Gulf () Iraq () Afghanistan () Other; Specify

Awards:(Requires verification from DD214) () MOH () DSC () AF Cross () Navy Cross () Silver Star () LOM

() DFC () Bronze Star () Purple Heart () MSM () Commendation Medal () Achievement Medal () Other

FUNERAL HOME INFORMATION

Funeral Home	Point of Contact	Phone Number	Fax Number	
Address		City	State	Zip Code

ELIGIBILITY INFORMATION

Eligible () Yes No ()	Confirmed by: DD 214 () VA Regional Office ()	VSO Name
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Approved:

Date: